

**New Jersey Department of Health and Senior Services**  
**BUDGET REVISIONS REQUEST (FS-57)**  
**Instructions**

*Please refer to Subpart M of the Terms and Conditions for Administration of Grants for additional instructions for the use of this form.*

**Reporting Agency and Address**

Enter the name and complete mailing address, including the zip code.

**Project Title**

Enter the title of the Project.

**Budget Period**

Refer to the Notice of Grant Award or the latest Approved Grant Modification for this information; the Budget Period is the period of time for which a project is funded.

**Grant Number**

Enter the Grant Number as shown on the signed Notice of Grant Award.

**Account Number(s)**

Enter the account number or numbers which appear in the Notice of Grant Award.

**Revision Number**

Requests should be numbered consecutively for each grant.

**Budget Categories and Approved Budget**

Enter the amounts by budget category as approved in the Notice of Grant Award, Attachment B or the amounts in the most recent budget request approved by the Department of Health and Senior Services.

**Requested Changes**

Enter the amounts, plus or minus, of the requested changes. On a separate sheet provide complete justifications for all the requested changes. Decreases should be explained in the same detail as increases.

**Revised Budget**

The Approved Budget column plus or minus the Requested Changes equals the Revised Budget.

**Signatures**

The budget revision must be signed by the Chief Financial Officer of the agency receiving this grant.

**Approval**

A Budget Revision Request shall require the approval of the Granting Agency's Program Management Officer and Grant Management Officer. A budget revision will not be considered as valid unless both signatures are on the copy returned to your agency.